

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030693

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7194

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in lb

4 days

c. FULL NAME OF (If NOT in hospital, give location)

DePaul Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Arkansas b. COUNTY Clay

c. CITY

Corning

Inside Limits

Yes ☒ No ☐

d. STREET

509 Pine

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Willard

Middle

Joseph

Last

Zeller

4. DATE

OF DEATH

Month Day Year
July 9 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Mar. 4, 1919

9. AGE (last birthday)

44

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Foreman

10b. KIND OF BUSINESS OR INDUSTRY

Shoe Factory

11. BIRTHPLACE (City and state or country)

Pocahontas, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Edward Zeller

13b. MOTHER'S MAIDEN NAME

Lana Truebe

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes

WWII

17. INFORMANT

Mary Frances Zeller

Address

509 Pine Street Corning, Arkansas wife

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Glioblastoma multiforme of brain

INTERVAL BETWEEN ONSET AND DEATH

4 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

1930

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic glomerulonephritis with hypertension

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

July 5, 1963

to July 9, 1963

and last saw him alive on July 9, 1963

Death occurred at

300 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John T. Linton, M.D.

22b. ADDRESS

634 N. Grand Blvd. St. Louis

22c. DATE SIGNED

July 11, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-11-63

23c. NAME OF CEMETERY OR CREMATORY

St. Mary of Help

23d. LOCATION (City, town, or county)

Chester, Illinois

24. FUNERAL DIRECTOR

ADDRESS

Schroeder Funeral Home Chester, Illinois

25. DATE RECD. BY LOCAL REG.

JUL 11 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James L. Carson

Licensed Embalmer No. 5168

P. O. Address Millstadt, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.